

## **CITY OF NEWPORT BEACH**

## COMMUNITY DEVELOPMENT DEPARTMENT **BUILDING DIVISION**

100 Civic Center Drive | P.O. Box 1768 | Newport Beach, CA 92658-8915 www.newportbeachca.gov | (949) 644-3200

## CONTRACTOR/PROPERTY OWNER SELF-CERTIFICATION DECLARATION FOR PLUMBING FIXTURE REPLACEMENT

| Project Address:                                                                                                                                      |                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date:                                                                                                                                                 | Permit #:                                                                                                                                                                                                                                                               |
| The following is to be completed by the <b>California lice</b> Beach Self-Certification Program. Please type or prin                                  | <b>ensed contractor or owner</b> , participating in the City of Newport at.                                                                                                                                                                                             |
| Installer's Name:                                                                                                                                     | License No (if applicable)                                                                                                                                                                                                                                              |
| Installer's Mailing Address:                                                                                                                          | Phone # (required):                                                                                                                                                                                                                                                     |
| Installer's Email:                                                                                                                                    | FAX #:                                                                                                                                                                                                                                                                  |
| Installer I certify that the installation is in compliance with application and understand the further affirm that I have reviewed and understand the | icable code requirements.<br>ne requirements of the applicable 2013 California Green Code and                                                                                                                                                                           |
|                                                                                                                                                       | 1.1.1 and that all self-certification reports submitted will be based                                                                                                                                                                                                   |
| I declare that all plumbing fixtures subject to the NBM                                                                                               | IC 301.1.1 has been replaced meeting the low flow requirements:                                                                                                                                                                                                         |
| Kitchen faucets: 1.5 gal/minute at 60 psi                                                                                                             | Shower heads: 2.0 gal/minute at 80 psi                                                                                                                                                                                                                                  |
| Water closet: 1.28 gal/flush                                                                                                                          | Faucets: maximum flow rate of 1.5 gal/minute at 60 psi, and minimum 0.8 gal/minute at 20 psi                                                                                                                                                                            |
|                                                                                                                                                       |                                                                                                                                                                                                                                                                         |
| Installer's Signature                                                                                                                                 | Date                                                                                                                                                                                                                                                                    |
| Plumbing Fixture Replacement Self-Certification Prog plumbing system will not be inspected by a City of                                               | above, I have read, understand and agree to participate in the gram. I further understand that by participating in this program, the f Newport Beach Building Inspector during construction or after may request and reserves the right to verify code compliance after |
| Property Owner's Signature                                                                                                                            | Date                                                                                                                                                                                                                                                                    |
| Print Name                                                                                                                                            |                                                                                                                                                                                                                                                                         |
| This form must be completed and returned to the of the combination permit. Please return this form                                                    | City of Newport Beach, Building Division, for a final approval                                                                                                                                                                                                          |

Community Development Department Fax #: (949) 644-3250

Phone: (949) 718-1888

P. O. Box 1768 Newport Beach, CA 92658

Please mail to:

City of Newport Beach

**Building Division**